



TOWN OF AQUINNAH BOARD OF HEALTH

955 State Road Aquinnah MA 02535

phone: (508) 645-2309

email: boh-assistant@aquinnah-ma.gov

Septic Pump Out Permit – Disposal of Nightsoil

map _____ lot _____

fee: \$25 _____

Property address: _____

Name of Applicant/Property Owner: _____

phone: _____

Applicant's signature: _____ date: _____

Name of *Septage Hauler: _____

mailing address: _____

phone: _____

Board of Health approval: _____

date of permit: _____ expires in one year: _____

**Septage Hauler must fill out below and return to Board of Health within 30 days of pump out:*

Location where contents were disposed: _____ Edgartown Wastewater Treatment Facility
_____ other location _____

Date pumped: _____ Gallons pumped: _____

Was this pump out an emergency? ____yes or ____no

Hauler's signature: _____ date: _____

notes: _____